

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1379

State File No.

FILED JAN 27 1951

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|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>138</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>30 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | 18 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sister of Poor</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u> | | 3750 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> | | b. (Middle) <u>Wood</u> | | c. (Last) <u>Wood</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1951</u> | |
| 5. SEX <u>Fe</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u> | | 8. DATE OF BIRTH <u>Feb 15, 1893</u> | |
| 9. AGE (in years last birthday) <u>57</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Ireland 4</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>--</u> | | 13a. FATHER'S NAME <u>Peter Fennen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margart Hays</u> | | 14. NAME OF HUSBAND OR WIFE <u>Samual Wood</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Sister Emilie</u> | | ADDRESS <u>5331 Highland</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>5 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pothma</u> H201 | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>3/19</u> , 19 <u>50</u> , to <u>1/9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-8-</u> , 19 <u>51</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Joseph A. Fogarty</u> | | | | 23b. ADDRESS <u>402 Northmen Bk. F. Co. Bldg.</u> | | 23c. DATE SIGNED <u>1/10/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1/10/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fort Leavenworth, Kans</u> | |
| DATE REC'D BY LOCAL REG. <u>1-10-51</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>2010 Lincoln</u> | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Forest D. Goldsman

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *H.C. Wm.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.